

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUL 12 2018

Bayfield Co. Zoning Dept.

ENTERED

Permit #:

18-0485

Date:

10-15-18

Amount Paid:

\$175 7-19-18
\$175 10-15-18

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Class A

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: Dana Hodowanec		Mailing Address: 3980 Lake Rd		City/State/Zip: Barnes, WI 54873		Telephone: 715 795-2295		
Address of Property: Same		City/State/Zip:				Cell Phone:		
Contractor: Craig Manthey (715)		Contractor Phone: 739-6645		Plumber:		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Fortak (715)		Agent Phone: 817-2034		Agent Mailing Address (include City/State/Zip): 6173 Iron Lake Rd, Iron River, WI 54847		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION	Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-1336		Recorded Document: (i.e. Property Ownership) Volume 826 Page(s) 983			
1/4, 1/4		Gov't Lot 1	Lot(s) 2	CSM 373	Vol & Page 3,249	Lot(s) No.	Block(s) No.	Subdivision:
Section 4, Township 44 N, Range 9 W		Town of: Barnes		Lot Size		Acreage 1.6		

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 75 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conv</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> STR	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) <u>Class A Short-Term Rental</u>	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	Other: (explain) _____	(X)		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Authorized Agent: Michael Fortak

Date 5-17-2018

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 6173 Iron Lake Rd, Iron River, WI 54847

Attach
Copy of Tax Statement ✓

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the <u>easeement road</u> Centerline of Platted Road	<u>70</u> Feet	Setback from the Lake (ordinary high-water mark)	<u>75</u> Feet
Setback from the Established Right-of-Way <u>Town Rd</u>	<u>620+</u> Feet	Setback from the River, Stream, Creek	<u>NA</u> Feet
Setback from the North Lot Line <u>Birch Lake</u>	<u>160</u> Feet	Setback from the Bank or Bluff	<u>NA</u> Feet
Setback from the South Lot Line	<u>55</u> Feet	Setback from Wetland	<u>120+</u> Feet
Setback from the West Lot Line	<u>30</u> Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line <u>Birch Lake</u>	<u>15</u> Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	<u>42</u> Feet	Setback to Well	<u>15</u> Feet
Setback to Drain Field	<u>30</u> Feet		
Setback to Privy (Portable, Composting)	<u>NA</u> Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

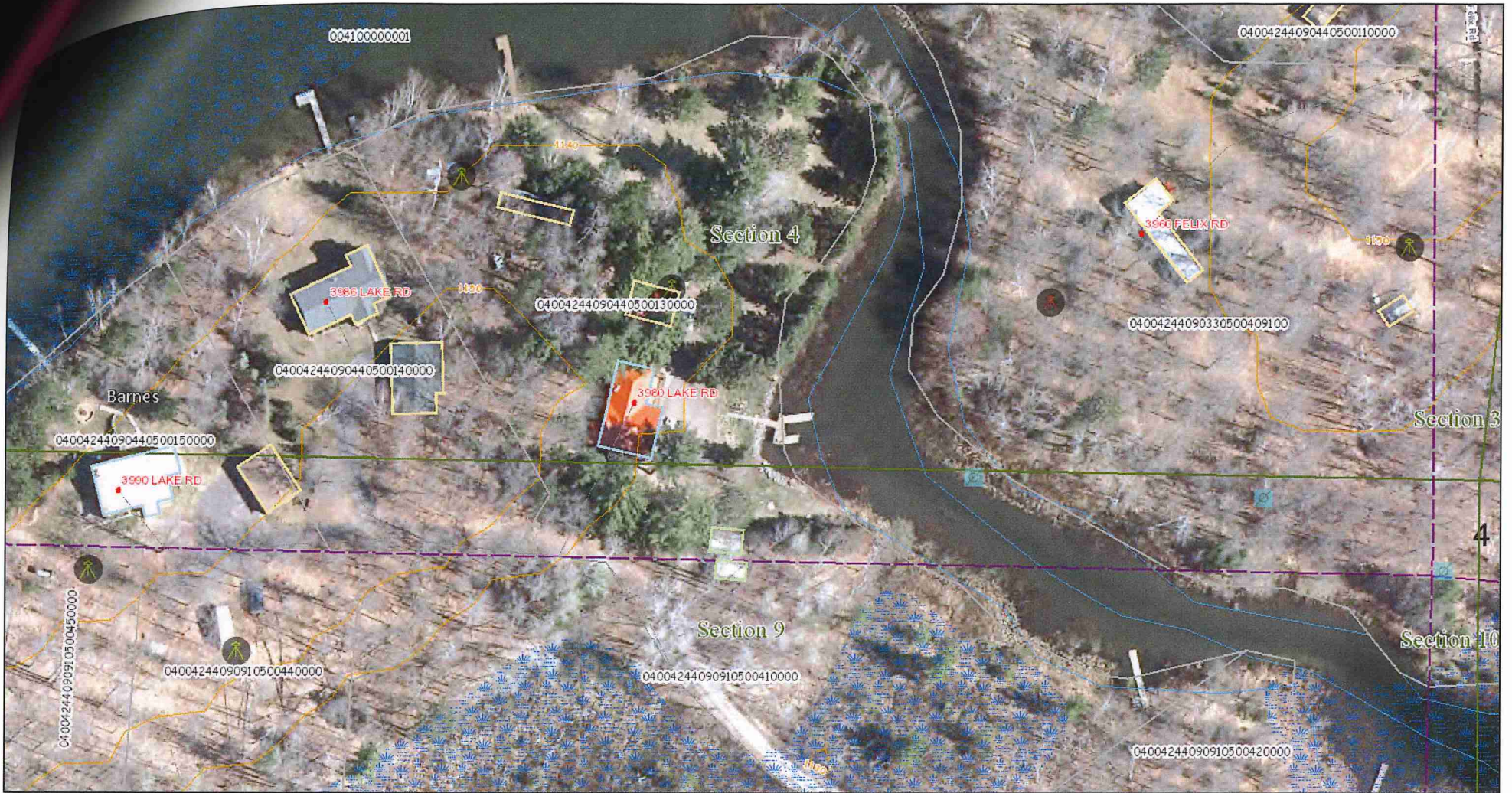
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

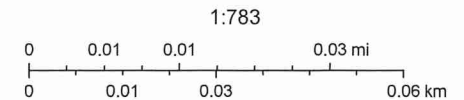
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: <u>12-995</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>8-31-12</u>	
Permit Denied (Date):	Reason for Denial:			
Permit #: <u>18-0435</u>	Permit Date: <u>10-15-18</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>1 ABOVE Garage</u>	Zoning District (<u>R-1</u>) Lakes Classification (<u>1</u>)			
Date of Inspection: <u>7/24/18</u>	Inspected by: <u>MALE</u>	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Condition: Maximum occupancy limited to <u>8</u> based upon septic system design for the dwelling. Must contact Bayfield County Health Dept for licensing as required by State Statute and contact Town regarding room tax.			
Signature of Inspector: <u>MALE</u>	Date of Approval: <u>10/5/18</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Bayfield County Web AppBuilder



7/23/2018 1:05:32 PM



Bayfield County, Bayfield County Land Records

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
SEP 25 2018



Permit #:	18-0436
Date:	10-15-18
Amount Paid:	\$250.00 6/26/2018
Refund:	

Tracy Pooler 715 373 6138 Ext 335

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: James & Sandra Waletzko	Mailing Address: 5928 S McKinley Rd, South Range WI 54874	City/State/Zip: 54874	Telephone: 715 399 8670
Address of Property: 56005 E Island Drive	City/State/Zip:		Cell Phone:
Contractors consulting: (Pete Waletzko Construction) (Jason Waletzko Construction)	Contractor Phone: 218 348 6862	Plumber: Rasmussen HWY 63	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) James Waletzko	Agent Phone: 715 399 8670	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION Legal Description: (Use Tax Statement) 1/4, 1/4	Tax ID# 3502	Recorded Document: (i.e. Property Ownership) Commence Add to Blk Watson	
Gov't Lot	Lot(s)	CSM	Vol & Page
Lot(s) No.	Block(s) No.	Subdivision: 2017 R 56694	
Section 17, Township 45 N, Range 9 W	Town of: Barnes	Lot Size 2500' by 200' ≈ 2+/-3	Acreage

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : <u>≥ 25' OHM</u> feet		
<input type="checkbox"/> Non-Shoreland	Done 2x by Mike Furtac (Summer Zoning Dept)			

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$60,000 - \$75,000 mostly owner builder	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City Barnes	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>2BR</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>septic</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 28	Width: 26	Height: 25

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	1 1/2 Bath 2	(26' X 28') 728
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	41' X 16' Add NE side	656
		with Loft	41' X 16' Add NE side	656
		with a Porch (SE)	w/ attic trusses	(20' X 18') 360'
		with (2nd) Porch (NW)		(10' X 26') 240'
		with a Deck		(10' X 16') 160'
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify)	(X)	
	<input type="checkbox"/>	Accessory Building (specify)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James & Sandra Waletzko
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 9/18/2018

Authorized Agent: James E. Waletzko
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 9/18/2018

Address to send permit: James & Sandra Waletzko

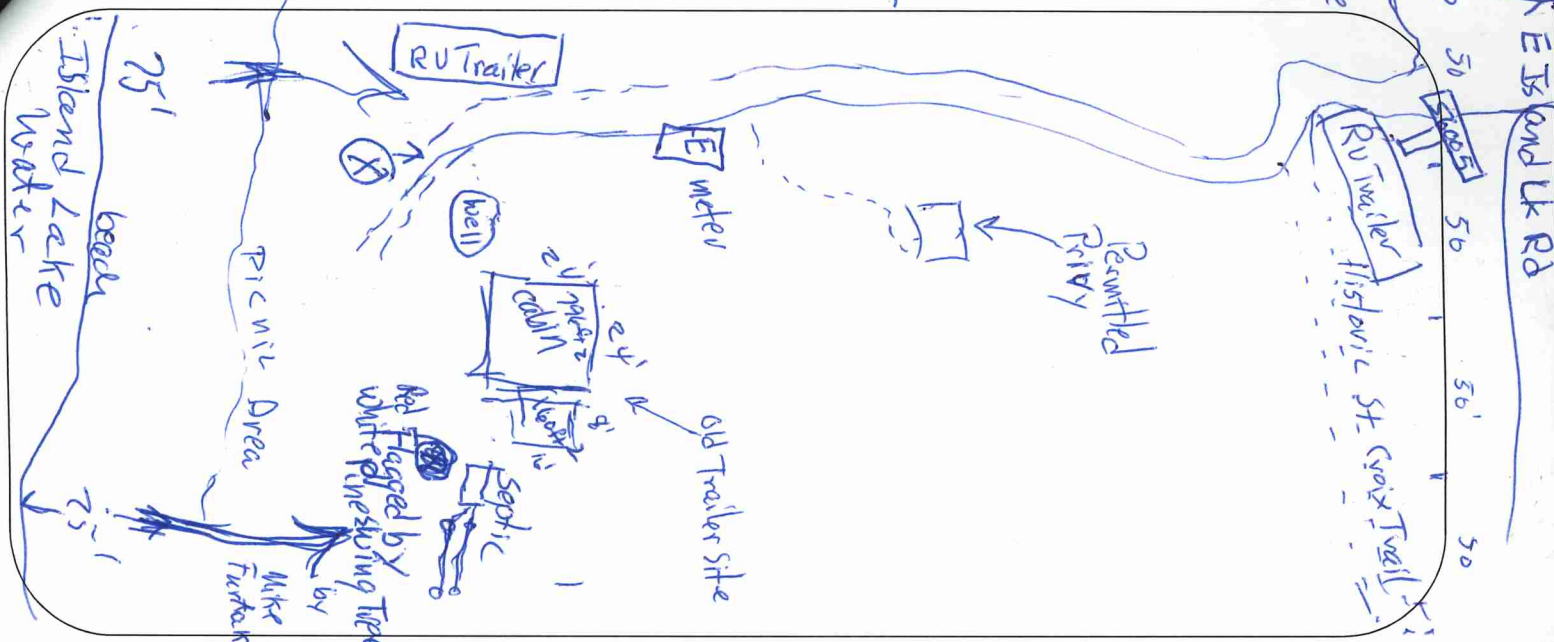
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

5928 S McKinley Rd
South Range, Wisconsin 54874
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Fill Out in Ink – **NO PENCIL**

(3) Show Location of (*):
 (4) Show:
 (5) Show:
 (6) Show any (*):
 (7) Show any (*):

Proposed Construction
 North (N) on Plot Plan
 (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
 All Existing Structures on your Property
 (*) **Well (W);** (*) **Septic Tank (ST);** (*) **Drain Field (DF);** (*) **Holding Tank (HT)** and/or (*) **Privy (P)**
 (*) **Lake;** (*) **River;** (*) **Stream/Creek;** or (*) **Pond**
 (*) **Wetlands;** or (*) **Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the Centerline of Platted Road	250' - 175'	Feet	Setback from the Lake (ordinary high-water mark)	75' - 85'	Feet
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek		Feet
			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	~ 120'	Feet			
Setback from the South Lot Line	12' - 20'	Feet	Setback from Wetland		Feet
Setback from the West Lot Line	12' - 100'	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setback from the East Lot Line	~ 120'	Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	10' - 15'	Feet	Setback to Well		Feet
Setback to Drain Field	15' - 25'	Feet			
Setback to Privy (Portable, Composting)	7.5' / m'	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>13-645</u>		# of bedrooms:		Sanitary Date:							
Permit Denied (Date):		Reason for Denial:											
Permit #: <u>18-0436</u>		Permit Date: <u>10-15-18</u>											
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No		Mitigation Required Mitigation Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Affidavit Required Affidavit Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No				Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No				Case #: Case #:					
Was Parcel Legally Created Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:								Zoning District () Lakes Classification ()					
Date of Inspection: <u>10/8/18</u>		Inspected by: <u>[Signature]</u>				Date of Re-Inspection:							
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)								Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. <i>Must meet and maintain setbacks.</i>					
Signature of Inspector: <u>[Signature]</u>				Date of Approval: <u>10/19/18</u>									
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>					

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0437
Date:	10-15-18
Amount Paid:	\$125 10-3-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Lee Reigler</u>	Mailing Address: <u>1716 Fox Valley Dr. SE</u>	City/State/Zip: <u>Rochester MN 55902</u>	Telephone: <u>507-254-</u>
Address of Property: <u>55260 Silver Wolf Drive</u>	City/State/Zip: <u>Barnes WI 54873</u>		Cell Phone: <u>8967</u>
Contractor: <u>Maintaineer Construction</u>	Contractor Phone: <u>715-781-2464</u>	Plumber: <u>N/A</u>	Plumber Phone: <u>N/A</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Jeremy Driscoll</u>	Agent Phone: <u>715-781-2464</u>	Agent Mailing Address (include City/State/Zip): <u>52230 Moen Rd Barnes WI 54873</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>3790</u>	Tax ID# <u>647</u>	Recorded Document: (i.e. Property Ownership) <u>365</u>
Gov't Lot <u>46 & 549</u>	Lot(s) <u>46 & 549</u>	CSM	Vol & Page
Section <u>18</u> , Township <u>45</u> N, Range <u>09</u> W	Town of: <u>Barnes</u>	Lot(s) No.	Block(s) No.
		Subdivision: <u>Mohawk add to Potawatomi</u>	Lot Size
		Acreage <u>1.14</u>	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : <u>N/A</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : <u>N/A</u> feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ <u>35,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>				<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>N/A</u>	Width: <u>N/A</u>	Height: <u>N/A</u>
Proposed Construction:	Length: <u>30</u>	Width: <u>30</u>	Height: <u>9</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property) <u>Garage</u>	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Garage</u>	(30 X 30)	900
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>			
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date _____

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 9/25/18

Address to send permit 52230 Moen Rd Barnes WI 54873

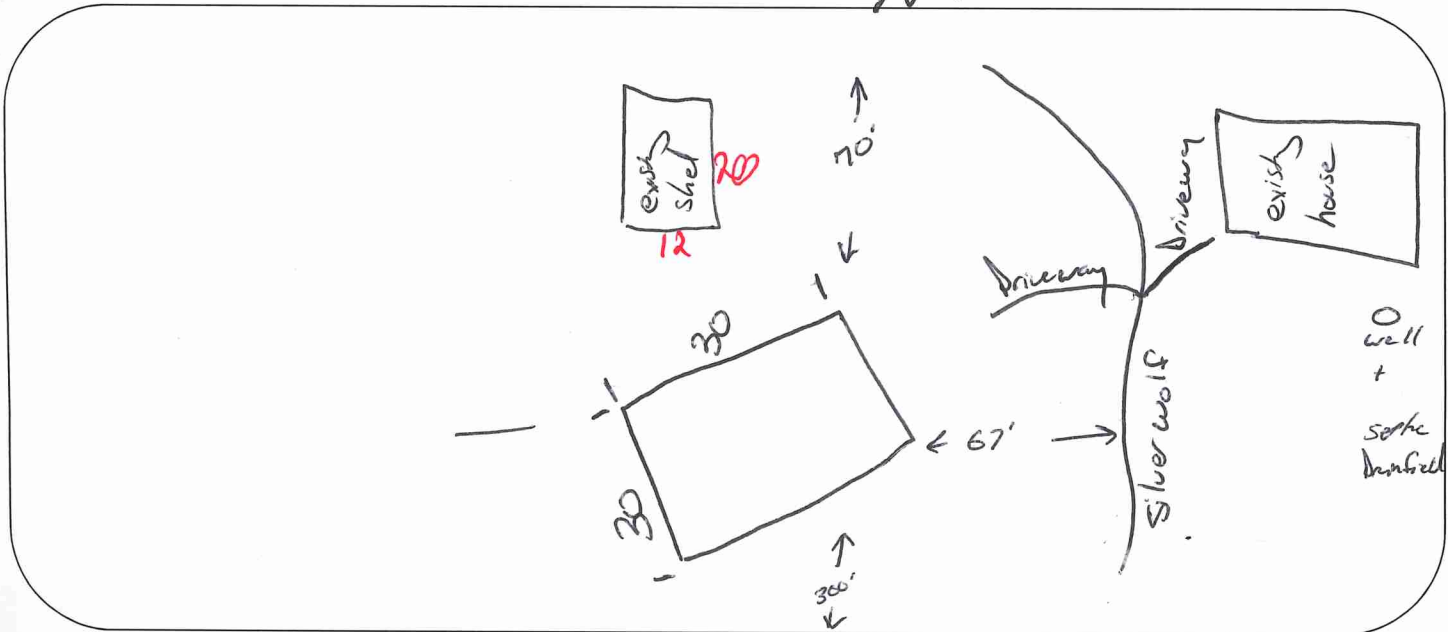
Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- 1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (* Driveway and (* Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (* Well (W); (* Septic Tank (ST); (* Drain Field (DF); (* Holding Tank (HT) and/or (* Privy (P)
(6) Show any (*): (* Lake; (* River; (* Stream/Creek; or (* Pond
(7) Show any (*): (* Wetlands; or (* Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	67 Feet	Setback from the Lake (ordinary high-water mark)	400 Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	70 Feet	Setback from Wetland	N/A Feet
Setback from the South Lot Line	300 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	< 200 Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line	400 Feet		
Setback to Septic Tank or Holding Tank	< 100 Feet	Setback to Well	< 100 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 18-0437		Permit Date: 10-15-18		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:		Zoning District (R-1) Lakes Classification (-)		
Date of Inspection: 10/8/18	Inspected by: [Signature]	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
Signature of Inspector: [Signature]		Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.		
Date of Approval: 10/10/18				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>